

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT Clinton County Health Dept. 1234 Rossville Ave. Frankfort, IN 46041 Phone: (765)659-6385 Fax: (765)656-2014		Release Date		9/12/2026		Date		9/12/26	
		No. of Risk Factor/Intervention Violations		0		Time In		10:30 AM	
		No. of Repeat Risk Factor/Intervention Violations		0		Time Out			
Establishment		Address		City/State		Zip Code		Telephone	
Dairy Queen		1958 E Wabash Street		Frankfort, IN		46041		765-654-8221	
License/Permit #		Permit Holder		Purpose of Inspection		Est. Type		Risk Category	
		Yogeshkumur Patel		Routine		RFE		2	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS									
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable									
Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
Compliance Status				COS		R			
Supervision									
1	IN	OUT	N/A	N/O	Person in charge present, demonstrates knowledge, and performs duties				
2	IN	OUT	N/A	N/O	Certified Food Protection Manager				
Employee Health									
3	IN	OUT	N/A	N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting				
4	IN	OUT	N/A	N/O	Proper use of restriction and exclusion				
5	IN	OUT	N/A	N/O	Procedures for responding to vomiting and diarrheal events				
Good Hygienic Practices									
6	IN	OUT	N/A	N/O	Proper eating, tasting, drinking, or tobacco products use				
7	IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands									
8	IN	OUT	N/A	N/O	Hands clean & properly washed				
9	IN	OUT	N/A	N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				
10	IN	OUT	N/A	N/O	Adequate handwashing sinks properly supplied and accessible				
Approved Source									
11	IN	OUT	N/A	N/O	Food obtained from approved source				
12	IN	OUT	N/A	N/O	Food received at proper temperature				
13	IN	OUT	N/A	N/O	Food in good condition, safe, & unadulterated				
14	IN	OUT	N/A	N/O	Required records available: molluscan shellfish identification, parasite destruction				
Protection from Contamination									
15	IN	OUT	N/A	N/O	Food separated and protected				
16	IN	OUT	N/A	N/O	Food-contact surfaces; cleaned & sanitized				

GOOD RETAIL PRACTICES									
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.									
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation									
Compliance Status				COS		R			
Safe Food and Water									
30					Pasteurized eggs used where required				
31					Water & ice from approved source				
32					Variance obtained for specialized processing methods				
Food Temperature Control									
33					Proper cooling methods used; adequate equipment for temperature control				
34					Plant food properly cooked for hot holding				
35					Approved thawing methods used				
36					Thermometers provided & accurate				
Food Identification									
37					Food properly labeled; original container				
Prevention of Food Contamination									
38					Insects, rodents, & animals not present				
39					Contamination prevented during food preparation, storage & display				
40					Personal cleanliness				
41					Wiping cloths: properly used & stored				
42					Washing fruits & vegetables				

Compliance Status									
Proper Use of Utensils									
43					In-use utensils: properly stored				
44					Utensils, equipment & linens: properly stored, dried, & handled				
45					Single-use/single-service articles: properly stored & used				
46					Gloves used properly				
Utensils, Equipment and Vending									
47					Food & non-food contact surfaces cleanable, properly designed, constructed, & used				
48					Warewashing facilities: installed, maintained, & used; test strips				
49					Non-food contact surfaces clean				
Physical Facilities									
50					Hot & cold water available; adequate pressure				
51					Plumbing installed; proper backflow devices				
52					Sewage & wastewater properly disposed				
53					Toilet facilities: properly constructed, supplied, & cleaned				
54					Garbage & refuse properly disposed; facilities maintained				
55					Physical facilities installed, maintained, & clean				
56					Adequate ventilation & lighting; designated areas used				

Person In Charge (Signature)		Date:	
Inspector (Signature)		Follow-up: YES ☒ NO ☐ (Circle one) Follow-up Date:	

Plot
402D
Front

[illegible]